

(Submit Application, Plot Plan and Other Required Documents in Quadruplicate)
ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

S U
HEALTH DEPT. USE ONLY

APPLICATION MUST BE SUBMITTED BY A
LICENSED SEPTIC SYSTEM DESIGNER OR
PROFESSIONAL ENGINEER

SUBMIT APPLICATIONS TO: Eastgate Environmental Health 14350 Eastgate Way, Bellevue, WA 98007-6458 Phone: (206) 296-4932

AGENT _____ ADDRESS _____ PHONE# _____

☐ To be recorded with final approval

Section 3. ☐ Community/Larger On-Site Sewage System (Attach Preliminary Report)

Signature of Licensed OSS Designer/P.E. _____ Date _____

☐ **DISAPPROVED** _____
 (Date) (Health & Environmental Investigator) (District Supervisor)

DATE RECEIVED

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